

Case Number:	CM14-0126059		
Date Assigned:	08/27/2014	Date of Injury:	10/27/2010
Decision Date:	03/12/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old woman sustained an industrial injury on 10/27/2010. The mechanism of injury is not detailed. Current diagnoses include sacroiliac pain, adhesive capsulitis of the left shoulder, myalgia, rotator cuff syndrome, cervical radiculitis, and cervical degenerative disc disease. Treatment has included oral medications and a home exercise program. There are physician notes dated 5/20/2014 stating complaints of neck and left shoulder pain with accompanying sleepiness. The pain in the neck and shoulders is rated as a 7-8/10 with her medications and state that her medications allow her to do things around the house, but she is not sure which medication is making her so sleepy. Her pain rating remains unchanged from previous appointments. Physical examination shows a reduced range of motion to the cervical spine, normal upper extremity strength, sensation is intact, and tenderness is noted over the bilateral cervical paraspinals and traps as well as the anterior aspect of bilateral shoulders.

Recommendations included discontinuing cyclobenzaprine, and ordering Norco, Cymbalta, and initiation of a topical as Terocin is no longer available. Physician notes dated 7/14/2014 show similar complaints and findings on physical examination. Recommendations included a prescription for Amytriptyline and still waiting for authorization of the topical cream ordered at the last appointment. There is no documentation stating her ability to work or perform activities of daily living. There is no treatment history noted except for the medications and home exercise program. On 7/30/2014, Utilization Review evaluated prescriptions for retroactive Naproxen 550 mg 1 tab per day #120 and retroactive Omeprazole 20 mg 1 tab per day #120. The UR physician noted that the worker had been taking Omeprazole for over a year and does not

have a documented intermediate risk of gastrointestinal event. Further, NSAIDS have been taken for just as long, which is contraindicated for therapy. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Naproxen 550mg 1 tab per day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70.

Decision rationale: The request for retro Naproxen 550mg 1 tab per day #120 is not medically necessary. California MTUS recommend NSAIDs for short term symptomatic relief of pain. The guidelines recommend the lowest dose for the shortest period of injured workers with moderate to severe pain. The injured worker has been prescribed NSAIDs for at least a year. There is, however, no information on decreased pain and increased function with the prior use of this medication. Additionally, long term use of NSAIDs is not supported by the referenced guidelines. As such, medical necessity has not been established.

Retro Omeprazole 20mg 1 tab per day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70.

Decision rationale: The request for retro Omeprazole 20mg 1 tab per day #120 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high for gastrointestinal events. The provider noted that the injured worker has been taking omeprazole for over a year; however, there is no documented intermittent risk of gastrointestinal events. As such, medically necessary has not been established.